

PHARMACIST & TECHNICIAN CE:

Tools for Managing Pharmacist and Technician Burnout During the COVID-19 Pandemic

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Health care professionals have recognized burnout as a significant issue for years.¹⁻³ In 2017, the National Academy of Medicine (NAM) created the Action Collaborative on Clinician Well-Being and Resilience.⁴ This collaborative works to increase awareness of clinician mental health issues, recognize barriers to well-being for clinicians, and find solutions to clinician burnout.⁴ The creation of the collaborative provides a strong resource for clinicians, but also reveals the need for additional tools to prevent burnout.

Definitions of burnout include things like exhaustion, cynicism, and inefficacy.⁵ Prolonged workplace stress might cause burnout.⁵ The majority of studies looking at clinician burnout have focused on doctors and nurses. In these studies, burnout was associated with an increase in medical errors, loss in productivity, alcohol abuse/dependence, and suicidal ideation.⁶⁻⁹ These factors can have a large impact on patient safety and satisfaction.¹⁰ Pharmacy staff are also at a high risk of burnout. In a study looking at burnout among health-system pharmacists, 53.2% of respondents



CE FOR PHARMACISTS

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Learning Objectives

- Recognize the impact of the COVID-19 pandemic on health care worker burnout.
- Choose appropriate tools for leaders to prevent burnout within your organization.
- Apply individual strategies to improve mental health and prevent burnout.
- Identify new challenges for pharmacies during the COVID-19 pandemic.

showed at least one area of burnout.² Areas of burnout were based on a burnout scale, including emotional exhaustion, reduced personal accomplishment, and depersonalization.²

The coronavirus (COVID-19) pandemic has created new types of stress for health care professionals to manage. Health care workers face daily uncertainty about the effects of COVID-19, shortages of personal protective equipment (PPE), rapidly changing protocols, and concern about spreading the disease to patients and family members.¹¹

Keeping health care workers mentally prepared during the pandemic is important for our health care system.¹² As stated in a

World Health Organization publication, “This is not a sprint; it’s a marathon.”¹³ We must consider the long-term effects of the pandemic on our health care system.¹⁴ Many health care workers feel a loss of control due to new protocols, staffing changes, and risk of disease spread. This loss of control, along with various uncertainties and anxiety, can take a toll on mental health over time, contributing to burnout.¹¹

One suggested method for addressing health care workers’ needs is to understand the sources of their anxiety.¹² Stanford University School of Medicine conducted listening sessions to understand staff members’ specific fears and anxieties during

COVID-19.¹² The authors summarized the needs of staff members into five key areas: hear me, protect me, prepare me, support me, and care for me. These highlighted that health care workers require support from their organization. For example, the request “hear me” indicates health care workers’ concerns that their organization might not have a thorough understanding of the obstacles for frontline staff during COVID-19. “Protect me” is health care workers’ request for a stable source of PPE and testing supplies. Leaders should understand these concerns and direct their efforts towards these requests from their staff.¹²

While many articles focus on anxieties for health care workers in general, pharmacy staff also face unique challenges during COVID-19. These challenges differ based on type of pharmacy practice and among pharmacists, technicians, residents, and students.

Some challenges stem from the financial stress of the pharmacist’s health care organization. The decrease in elective surgeries and routine outpatient visits caused many organizations to feel a financial burden, leading to employee furlough, hiring freezes, and layoffs. Subsequently, many pharmacy staff experienced a heavier workload due to patient care services returning to normal or higher than normal levels.

COVID-19 has caused changes to the ways pharmacy staff and patients communicate. Community pharmacies are encouraging mail-order services or delivery of medications to patients’ vehicles. Inpatient pharmacies are limiting pharmacy staff in the rooms of COVID-19 patients. Both of these scenarios have led to increased communication via phone or with a mask (when in person); both scenarios have limitations compared to traditional in-person communication.

Many organizations are having staff work from home. This has led pharmacies to either cancel pharmacy student rotations or have students work remotely. Pharmacy staff might also be trying to train new staff or precept students and residents while staying physically distanced.

New treatment protocols, and organization policies and procedures, are constantly changing during the pandemic.

Pharmacy staff are in a critical area of keeping up with new treatment options for COVID-19 and keeping up appropriate drug supplies during times of shortage.

It is vital to focus on the well-being of pharmacy staff throughout the pandemic. While studies have not looked specifically at pharmacist and technician burnout during COVID-19, there are numerous resources available to improve general well-being. The remainder of this article will focus on tools to prevent burnout among pharmacy staff in the face of the COVID-19 pandemic.

Managing Burnout

Many strategies exist to assist with improving mental health for clinicians and preventing burnout. The Action Collaborative on Clinician Well-Being and Resilience discusses the various factors that affect clinician well-being, and organizes them into two main categories: external factors and individual factors.¹⁵ Organizations and their leadership (external factors) play a large role in clinician well-being.¹⁶ Some individual factors include mental well-being, resilience, and relationships.¹⁵ Strategies focusing on both external and individual factors can play the greatest role in preventing burnout.⁵

Leadership Strategies

Communication

One of the important strategies for improving staff’s mental health during COVID-19 is high-quality communication.¹³ In times of extreme stress, it is easy for staff members to replace unknown information with worries and worst-case scenarios.¹⁷⁻¹⁹ It is the responsibility of leaders to address these unknown areas. While leaders might not know all the answers, they should address issues with transparency and provide as much information as possible.^{17,18} Leaders can also note a timeframe for when they might be able to provide more specific answers.¹⁹

Leaders should create an environment of trust by being open and honest.^{17,18,20} It is important to explain the reasons behind decisions as leaders introduce new policies and procedures.^{17,18} This can help staff accept changes and build trust.^{17,18}

Listening

Listening to their staff’s needs is crucial for leaders.¹² Staff want their leaders to be available and present.¹² Many leaders have started scheduling time at the end of meetings or during the day to ask staff about their needs.^{19,21} These short sessions can help staff to feel empowered during times where they feel they have no control.²¹ Leaders should ask staff about recent concerns.^{12,17,18,21} Leaders should also make a point to emphasize that feelings of stress, uncertainty, anger, or sadness are completely normal feelings to have during these times.²¹

After staff have shared their concerns or recent experiences, leaders can shift the conversation to asking about suggestions for improving those areas.^{12,17,18,21} Many times, there might not be a simple solution, and leaders should not feel obligated to solve every problem.²¹ Instead, leaders should let staff know their concerns have been heard.²¹ The sense of feeling heard can give staff a sense of empowerment and voice during the crisis.^{12,17,18}

Leaders should make sure to share staff concerns with upper management within the organization. Without frontline staff’s day-to-day feedback, it is hard for leadership to understand what their organization needs to address. Frontline staff might feel an improved sense of control knowing leaders are discussing their concerns, and that solutions might result.

As a closure to these staff meetings, leaders should emphasize their appreciation for staff and all they do.^{12,21} These small words of encouragement can help staff to feel supported and recognized by their organization.

Self-Care

Leaders should focus on self-care tactics for themselves and their staff.²¹ Leaders are under an enormous amount of pressure and should make a point to care for themselves. A stressed leader will be unable to provide a confident and calm perspective, and therefore, will be less able to take care of their staff.

Many institutions are providing resources, such as employee assistance programs and other benefits, during COVID-19. Leaders should be role models to their staff by using resources and

explaining to staff how they work.¹³ This helps to mitigate the stigma surrounding mental health and asking for help, which is often difficult for health care workers.¹³ Leaders should also set an example and expectation for staff members to stay home if they are sick, and reverse the culture of trying to tough it out during illness.¹⁹

Diversity

Leaders should recognize the diversity of their staff. People's backgrounds (including age, gender, race, and career phase, among other factors) can color their responses to COVID-19.^{17,18,21} Discrimination can come up in large and small ways during the pandemic; for example, requiring staff to use PPE that interferes with religious requirements.¹⁹ In one case, a hospital required a medical student to shave their beard to comply with N-95 mask fit testing.²² The student was unable to shave their beard due to religious requirements, and the hospital instead provided the student with a powered air purifying respirator (PAPR).²² Other staff might have heightened concerns about contracting COVID-19, including those who are older, pregnant, or have underlying health conditions. By recognizing these differences, leaders can adjust how they respond to each staff member's needs.²¹ These small adjustments to how leaders respond can make a meaningful impact on staff.

Safety

It is important for staff to feel protected by their organization and leaders.^{17,18} Examples of physical safety during COVID-19 include PPE training and availability. Leaders should ensure their staff feel comfortable with using all PPE and are familiar with policies and procedures regarding PPE.¹⁹ Leaders should also frequently communicate with staff regarding the availability of PPE for their organization and measures taken to obtain adequate supplies.¹⁹

Another practical tactic includes rotating staff from higher-stress to lower-stress tasks or work areas.¹³ This should include conversations with staff to understand which tasks and areas are the most demanding. Leaders should allow staff frequent breaks throughout the day,

especially if they are working in a high-stress area.²¹ Although not always possible, allowing staff to have a more flexible schedule can reduce their stress.¹³ These strategies allow staff to feel more in control of their situation and allow them to take care of themselves in addition to better taking care of their patients.

Relationships

COVID-19 can cause health care workers to feel isolated. They might be experiencing the figurative "loss" of family and friends who are trying to avoid contact with them due to the possible spread of the disease.¹⁹ This can lead to feelings of depression and a higher risk of burnout.¹¹ Leaders should try to encourage socialization among employees to prevent these feelings.^{11,17-19}

Some institutions have incorporated a tactic used in the military, called Battle Buddies, to help colleagues relate to one another.¹¹ This system pairs two to three colleagues together during the time of crisis (COVID-19) to check in with one another and be each other's support system. Buddies can meet or talk approximately once a week to share challenges and successes from the week. They can also share coping methods, brainstorm solutions, and provide additional perspective.

Battle Buddies is not intended to replace therapy or other mental health care, but is another way for employees to feel heard and connected. Buddies should be trained on how to look for larger mental health concerns such as drug use, alcohol abuse, or suicidal ideation. If larger problems arise, buddies can help each other with finding professional resources.

Leaders should also consider blocking off time or encouraging appropriate socialization at work to allow employees to connect with one another.¹⁹ This feeling of connection can be invaluable during a time of crisis and stress.¹⁹ Some departments are encouraging virtual hangouts outside of work or other creative methods of getting people together while maintaining physical distance.¹⁹

Formal Organizational Support

Several organizations have created more formal methods of providing support for their employees. The Columbia University

Department of Psychiatry created one of these services, which is useful if an organization already has available psychiatric resources.¹⁴ Psychiatrists and psychologists lead virtual, 30-minute meetings with staff members. The session allows them to discuss their feelings surrounding COVID-19, acknowledge the difficult circumstances, and consider coping strategies. During the session, staff learn about the importance of acknowledging the situation and their feelings; they also focus on resilience strategies. A key component of resilience is that people affected by crises are often changed by the situation and grow as a person. Often, people do not realize this change until after the change has taken place.

Often, health care workers try to hide or suppress their feelings at work, because their peers do not express their feelings. By coming together to discuss feelings like frustration, anger, sadness, and fear regarding COVID-19, staff might be able to better understand their peers and feel less alone with their feelings.

Individual Strategies

Burnout Testing

Awareness about whether you are experiencing burnout can be important to improving well-being. The primary test available is the Maslach Burnout Inventory (MBI).⁵ This test was first created in 1981 and has three measures of burnout: emotional exhaustion, depersonalization, and a low sense of personal accomplishment. Individuals or organizations can purchase this test. The Clinician Well-Being Knowledge Hub also has links to various burnout tests available with a fee or free of charge.²³

Individuals who are unsure about their levels of stress or burnout should try taking a test. Becoming aware of your level of burnout is one of the first steps to improving your well-being. If you find you are already experiencing burnout symptoms or if you are a health care worker at risk of burnout, several coping strategies may be helpful.

Coping Skills

While organizations and leaders can make a significant impact on burnout rates and help improve the mental health

of their employees, staff should also know how to take an individual approach to cope with stress. Anxiety is a normal and often helpful response to stressful situations.²⁴ During COVID-19, anxiety is helping us to decrease the spread of the disease by encouraging people to stay home and practice physical distancing. However, if we let anxiety control our lives, it can be unhealthy.

Instead, we should focus on what we can and cannot control during the COVID-19 pandemic. Author Russ Harris created an electronic book and short video that lists practical steps for coping with COVID-19.²⁵ The key concepts of this model include focusing on what you can control and taking action in those areas.

There are many obstacles we face during the COVID-19 pandemic, including workplace policies and procedures, availability of PPE, the spread of the disease, and others' reactions to the disease. It can be difficult as a health care provider to witness the various responses to COVID-19. At times it can feel like our lives are out of control. We might experience feelings of frustration, anger, and fear—these feelings are completely normal.²⁵ It is important to concentrate on allowing yourself to feel these emotions and not try to control or suppress your feelings.²⁵ Instead, it can be beneficial to focus on controlling your behaviors, which can be easier than controlling your feelings.²⁵

When experiencing strong feelings, it is important to take some time to yourself.²⁵ Practicing mindfulness through an app or other resource can be helpful. One mindfulness practice is to sit quietly and notice your feelings, verbalize how you are feeling, and try to ground your body.²⁵ Grounding your body includes purposeful actions such as pressing your feet into the floor or breathing slowly.²⁵ You can also bring awareness to your five senses—notice objects you see around you, or close your eyes and observe what you can smell.²⁵ These small practices of mindfulness can give your body a feeling of control during times when your feelings seem out of control.²⁵

Another way to feel in control is to find ways of expressing your values.^{24,25} How do you want others to remember you during

the COVID-19 pandemic?²⁵ Do you value kindness, generosity, or compassion? Consider taking action on these values by calling a friend you have not spoken to in a while, offer to grocery shop for an elderly neighbor, or ask someone at work how their day is going. Although you are helping others, acting on your values can help you gain back some control.²⁵

It is also important to focus on the control you have over your body and health.²⁴ During times of stress, it is easy to reach for unhealthy foods or turn to alcohol or other harmful activities to help distract you.²⁴ These behaviors can harm your mood and your health.²⁴ Instead, try focusing on healthy activities you can control—take a walk outside during your lunch break, pack a healthy and satisfying lunch from home, or chat with a friend from work instead of scrolling through the news or social media.²⁴ These simple tasks can improve your mood as well as give you a sense of control.²⁵

Pharmacy-Specific Challenges

Within the pharmacy itself, pharmacists and technicians face new challenges in providing patient care and completing day-to-day tasks. These challenges vary among pharmacy practice settings as well as institutional practices. Two significant areas that incorporate both community and hospital practice are changes to patient education, and training new employees or precepting learners.

Mask-wearing, curbside delivery, and mail delivery services have emphasized new techniques for patient education. Almost all pharmacists, technicians, and patients are now wearing masks in the pharmacy. Mask-wearing can cause difficulties in verbal and nonverbal communication for both the pharmacy staff and patients.

Studies on mask use in health care found that masks can impair the ability to read emotions, which can cause barriers to communication.²⁶ Mask-wearing can lead to issues for those who are hard of hearing by muffling the sound and clarity of speech.²⁷ Some patients who are hard of hearing might also rely on reading lips, which they can no longer do.²⁸ These barriers can play a significant role in how well a patient understands education. Pharmacy staff should focus on what they

can do to improve communication while wearing a mask. Staff wearing a mask should continue to show facial expressions such as smiling.^{27,29} Patients are still able to see your smile around your eyes and will likely notice a change in the tone of your voice.²⁷ Use the areas of your face that are still exposed, including your eyebrows and forehead, to show more expressions to patients.²⁷ Patients also appreciate eye contact—especially when patients are only able to see your eyes.^{27,29} Eye contact is evidence you are listening to your patient and understand what they are saying.^{27,29}

You can also vary the tone and rate of your voice to show additional expression. Consider projecting your voice and enunciating your words. Make sure to talk in an upbeat tone, if appropriate, and slow your rate more than you normally would.^{27,29} This can help patients better understand you and give them time to think about what you are saying.²⁷ By pausing after you speak, you can also better assess patient understanding.²⁷

Use body language to show engagement in the conversation. Relax your shoulders and create open body language—do not cross your arms.²⁹ You can also consider increasing your use of hand gestures to assist in patient understanding or nod your head to indicate understanding.²⁷

Especially in the hospital setting, patients likely see numerous health care professionals throughout the day. It is hard for patients to identify staff with PPE covering most of their face. Make sure to introduce yourself slowly each time you enter a patient's room by indicating both your name and your title.²⁷ Patients will feel more trusting by knowing who they are talking to.

Another area of pharmacy that comes with new challenges during COVID-19 is training new employees or precepting residents and students. Physical distancing can be difficult within the pharmacy setting due to space. While training new staff within the pharmacy, always wear a mask and try to maintain as much distance as possible. Consider explaining to the new staff member your expectations, including limiting contact and increasing physical distance. Trainers can also consider discussing alternatives during the training process such as completing online learning

from a remote location.

Residents, students, and preceptors are all faced with new challenges during COVID-19. Learners might feel as though they are missing out on opportunities such as rounding on patients or presenting in front of an audience.³⁰ They might also feel disconnected from the site if they are working from home or sitting in a different area from their preceptor.³⁰

Preceptors should focus on both the safety of patients and learners throughout the learning experience. Communication of expectations and policies at the site is important during orientation. Preceptors should frequently discuss the learning experience with the learner to continue to make improvements. Preceptors will need to adjust the experience based on new policies and procedures.

Preceptors might have to find alternate locations for learners to work if common work areas get too crowded. While discussing patients or topics, preceptors should move discussions to areas where physical distancing standards can be met. Presentations will also likely need to be adjusted. Some organizations have larger conference rooms where in-person presentations can be moved, while others might require virtual attendance to either live or recorded presentations.

As a preceptor or trainer, it is important to be a leader within the pharmacy. Ensure your learner feels comfortable in their new environment and enforce mask-wearing and physical distancing. There are many opportunities to learn and grow in this new environment, so communication with each other is necessary.

Growth from Adversity

The American Psychological Association discusses how the adversity we are facing in health care today, during the COVID-19 pandemic, will likely change us.³¹ While the crisis is certainly leading to mental health concerns and burnout, there is still an opportunity for growth and change during the pandemic. When faced with trauma, we might also experience positive change, even though this growth doesn't happen overnight.

It is important to reflect often and recognize our feelings during the pandemic.

But we should also be focusing on the positives during the pandemic—increased time with family, improved teamwork at work, and slowing the pace of our busy lives. These small moments of appreciation can spur our growth and encourage us to keep evolving as a pharmacy community.

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PR

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- protocols and policies
- d. Working in a fast-paced environment
3. **True or False:** Strategies focusing on both external and individual factors for managing mental health can play the greatest role in improving and preventing burnout.
- a. True
- b. False
4. A pharmacy manager notices her staff seem to be having symptoms of burnout within the first few weeks of the COVID-19 pandemic. Their hospital has been short on PPE and has enacted many new policies and procedures during this time. What would be the best strategy for the manager to use to help staff?
- a. Start daily team meetings to openly discuss the PPE shortages, plans for obtaining additional PPE, and the why behind new policies and procedures.
- b. Pull one of the pharmacy staff aside and ask them why everyone seems stressed.
- c. Avoid addressing PPE shortages, because the manager doesn't know all the answers yet.
- d. Try to lighten the mood by emailing out a daily joke.
5. A pharmacy manager notices staff at his pharmacy have been complaining about workload now that elective surgeries and other routine care have increased at their hospital. Due to hiring freezes within the organization, there have been open shifts in the schedule for both pharmacists and technicians. The manager decides to initiate weekly listening sessions to understand the areas that staff members are feeling overwhelmed. What are the possible benefits of these listening sessions?
- a. Staff members feel like their manager is present and trying to understand their concerns.
- b. The manager can use these sessions to brainstorm ideas to assist staff with the increased workload.
- c. Staff members gain a sense of control over their current situation.
- d. All of the above.
6. **True or False:** The Maslach Burnout Inventory test has three measures of burnout: emotional exhaustion, depersonalization, and a low sense of personal accomplishment.
- a. True
- b. False
7. You are staffing at the pharmacy and hear about a patient losing a loved one due to COVID-19. The patient was unable to visit their family member due to hospital policy at the time. You experience feelings of sadness and frustration after hearing this story. All of the following are appropriate coping strategies except:
- a. Mindfulness techniques: closing your eyes and noticing your five senses.
- b. Stepping away for a minute to a place of quiet and noticing your emotions.
- c. Ignoring the sadness and frustration and criticizing yourself for having those feelings.
- d. Grounding yourself by taking deep breaths and pressing your feet into the floor.
8. Your organization has just implemented new PPE procedures, visitor guidelines, and pay policies. You are feeling a loss of control. All of the following are appropriate strategies to gain a sense of control except:
- a. Create a new exercise routine.
- b. Pack a satisfying and healthy lunch for work each day.
- c. Call a friend out of the blue and ask them how they are doing.
- d. Tune in for news broadcasts whenever you can.
9. New challenges faced by pharmacy staff during COVID-19 include all of the following except:
- a. Educating patients on their medications while wearing a mask.
- b. Precepting learners and training new employees while maintaining physical distancing protocols.
- c. Experiencing drug shortages.
- d. Keeping up to date on COVID-19 treatment recommendations.
10. Mask-wearing can cause barriers to communication. Pharmacists and technicians should incorporate the following techniques into their conversations with patients.
- a. Smiling, eye contact, pauses in conversation, introductions.
- b. Raised eyebrows, eye contact, touching patients, introductions.
- c. Hand gestures, increased rate of speaking, smiling, pauses in conversation.
- d. Introductions, eye contact, fewer facial expressions, hand gestures.
11. Did the activity meet the stated learning

Assessment Questions

1. Burnout can be defined using all of the following words except:
- a. Cynicism
- b. Laziness
- c. Inefficacy
- d. Exhaustion
2. New stressors faced by health care workers during COVID-19 include all of the following except:
- a. Feelings of uncertainty due to the effects and spread of COVID-19
- b. PPE shortages
- c. Rapidly changing workplace
6. **True or False:** The Maslach Burnout Inventory test has three measures of burnout: emotional exhaustion, depersonalization, and a low sense of personal accomplishment.
- a. True

- objectives? (if you answer no, please email sarahs@pswi.org to explain)
- a. Yes
 - b. No
12. On a scale of 1 – 10 (1-no impact; 10-strong impact), please rate how this program will impact the medication therapy management outcomes or safety of your patients.
 13. On a scale of 1 – 10 (1-did not enhance; 10-greatly enhanced), please rate how this program enhanced your competence in the clinical areas covered.
 14. On a scale of 1 – 10 (1-did not help; 10-great help), please rate how this program helped to build your management and leadership skills.
 15. How useful was the educational material?
 - a. Very useful
 - b. Somewhat useful
 - c. Not useful
 16. How effective were the learning methods used for this activity?
 - a. Very effective
 - b. Somewhat effective
 - c. Not effective
 17. Learning assessment questions were appropriate.
 - a. Yes
 - b. No
 18. Were the authors free from bias?
 - a. Yes
 - b. No
 19. If you answered “no” to question 18, please comment (email info@pswi.org).
 20. Please indicate the amount of time it took you to read the article and complete the assessment questions.

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Quiz Answer Form

circle one answer per question

- | | |
|-------------------|---------------|
| 1) a b c d | 11) a b |
| 2) a b c d | 12) _____ |
| 3) a b | 13) _____ |
| 4) a b c d | 14) _____ |
| 5) a b c d | 15) a b c |
| 6) a b | 16) a b c |
| 7) a b c d | 17) a b |
| 8) a b c d | 18) a b |
| 9) a b c d | 19) _____ |
| 10) a b c d | 20) _____ |

January/February 2021

Tools for Managing Pharmacist and Technician
Burnout During the COVID-19 Pandemic

ACPE Universal Activity Number:
0175-0000-21-001-H01-PT

Target Audience: Pharmacists
Activity Type: Knowledge-based
Release Date: January 1, 2021

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